2612

In re Application of:

TOSHIKAZU YANAI ET AL.

Application No.: 08/994,642

Filed: December 19, 1997

For: IMAGE PICKUP DEVICE ADAPTABLE
TO DISPLAY FEWER VERTICAL PIXELS
(As Amended)

Docket No. 03500.012444.

Examiner: R. Tillery

Group Art Unit: 2612

July 12, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 32	MINUS	** 36	= 0	x $9 $18	-0-
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x $42 $84	-0-
Fee for Multiple Dependent claims $140°/$280						-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of $____ is enclosed.

☐ Charge $____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of $____ to cover the Extension fee for response with a ___-month extension is enclosed.

☐ A check in the amount of $____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

_____
Attorney for Applicants

Reg. No. ___2-4-6 13_____

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801

Commissioner for Patents
Washington, D.C. 20231

Date _O^r_, _03_, _02_
Mo.   Day   Yr.

Atty. Docket _03500. 012444._

Application No. _08/994 642_

Sir:

Kindly acknowledge receipt of the accompanying:

☒ Response to Official Action. _dated_ _10/03/2001,_ _late IDS surcharge._

☒ Check for $ _180.00_ (claims fee)

☐ Petition under 37 CFR 1.136 and Check for $ _____

☐ Notice of Appeal and Check for $ _____

☒ Information Disclosure Statement, PTO-1449 and _ONE (1)_ document

☐ Claim for priority and certified copies of _____ priority applications

☐ Issue fee transmittal and Check for $ _____

☒ Other (specify) _AMENDMENT TRANSMITTAL (2pgs; in dupl.)_

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. _LPS/JB/dLh_   Due Date _01_, _03_, _02_
Mo.   Day   Yr.

37 CFR 1.8 ☒
37 CFR 1.10 ☐
By Hand ☐

FCHS-B-00